



Premise Alert Program Enrollment Form
 Lansing Police Department
 2710 170th St, Lansing, IL 60438
 708-895-7150



Please Print Legibly New Change of Information Remove Information

Name: _____ Date of Birth _____

Residential Address: _____ Apt. # _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Special Needs: _____

I understand that the information given above is intended to offer guidance and provide assistance to responders in assisting those people with special needs or disabilities in the performance of their duties. Presenting this information will not entitle to or result in any form of preferential treatment. This information will be kept on file for a period not to exceed two (2) years. A notification, whether public or private, will be made prior to that two (2) year deadline. If the information is not confirmed at that time, the information will be removed from this database. It shall be the responsibility of the undersigned to notify the Lansing Police Department in writing of any changes to this information as soon as those changes are known. The information entered into the Premise Alert Program (PAP) database shall remain confidential. This information will be relayed to responding public safety personnel via two-way radio, phone, computer or any other means available. The undersigned hereby verifies the above person has a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. The undersigned is the above named individual, a family member, friend, caregiver, or medical personnel familiar with the individual. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Lansing Police Department to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____

Please return completed form to: Lansing Police Department Attn: Supervisor of Communications
 or Assistant Supervisor of Communications, 2710 170th St, Lansing, IL 60438

For office use only:

Date Received: _____ Initials: _____

Date Entered: _____